

CERTIFICATE OF TRANSMISSION/MAILING

Ref. No.: 12439-0074

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 22, 2005.

Don Cowles
Don CowlesRECEIVED
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AUG 22 2005

| | | |
|---|--|----------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 | | Docket Number (Optional) P6D2-US |
|---|--|----------------------------------|

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|--------------------------------|-----------------------|
| Application Number: 09/846,490 | Filed: April 30, 2001 |
|--------------------------------|-----------------------|

| | |
|---|-------------------------|
| For: Probe Card Assembly and Kit, and Methods of Using the Same | |
| Art Unit: 3729 | Examiner: Carl J. Arbes |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> |
|---|------------|-------------------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 |
| <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) | \$450 | \$225 |
| <input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) | \$1020 | \$510 |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) | \$1590 | \$795 |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) | \$2160 | \$1080 |

| | |
|---|-------------------------------------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 08/24/2005 TL0111 00000005 09846490 |
| <input type="checkbox"/> A check that includes the fee is enclosed. | 01 FC:1251 120.00 OP |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0843</u> . | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor

assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

attorney or agent of record. Registration Number 39,923

attorney or agent under 37 CFR 1.34. Registration Number 39,923

N. Kenneth Burraston
N. Kenneth Burraston

August 22, 2005

Date

(801) 323-5934

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of _____ forms are submitted.